



Please use a plus sign (+) inside this box →



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/057,698	
	Filing Date	January 25, 2002	
	First Named Inventor	Nicholas R. Horan	
	Group Art Unit	3752	
	Examiner Name	Robin Octavia Evans	
Total Number of Pages in This Submission	17	Attorney Docket Number	357.002

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Formal Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RECEIVED JUL 06 2004 TECHNOLOGY CENTER R3700
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Notification of Missing Requirements Under 35 USC 371	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 DECLARATION		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Andrew S. McConnell, Registration No. 32,272 Boyle, Fredrickson, Newholm, Stein & Gratz, S.C.
Signature	<i>Andrew S. McConnell</i>
Date	6/24/2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: June 24, 2004	
Type or printed name	Dawn M. Oleszak
Signature	<i>Dawn M. Oleszak</i>
Date	June 24, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FREE TRANSMITTAL
for FY 2004**

Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$516.00)**Complete if Known**

Application Number	10/057,698
Filing Date	January 25, 2002
First Named Inventor	Nicholas R. Horan et al
Examiner Name	Robin Octavia Evans
Group Art Unit	3752
Attorney Docket No.	357.002

RECEIVED
 JUL 06 2004
 TECHNOLOGY CENTER R3700

METHOD OF PAYMENT (check all that apply)
☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account
 Deposit
Account
Number

 Deposit
Account
Name

50-1170

Boyle, Fredrickson, Newholm, Stein & Gratz S.C.

The Commissioner is authorized to: (check all that apply)☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	770	201	385
106	340	206	170
107	530	207	265
108	770	208	385
114	160	214	80

SUBTOTAL (1) (\$0)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
29	-29**= 0	9.00	0
16	-4**= 12	43.00	516.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	86	202	43	Independent claims in excess of 3
104	290	204	145	Multiple dependent claim, if not paid
109	86	209	43	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$516.00)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	Fee
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	420	216	210
117	950	217	475
118	1,480	218	740
128	2,010	228	1,005
119	330	219	165
120	330	220	165
121	290	221	145
138	1,510	138	1,510
140	110	240	55
141	1,330	241	665
142	1,330	242	665
143	480	243	240
144	640	244	320
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	770	246	385
149	770	249	385
179	770	279	385
169	900	169	900

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0)**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Andrew S. McConnell	Registration No. (Attorney/Agent)	32,272	Telephone	414-225-9755
Signature	<i>Andrew S. McConnell</i>	Date	6/24/04		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant commissioner for Patents, Washington, DC 20231.



I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Dawn M. Oleszak
Dawn M. Oleszak

Date: June 24, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Nicholas R. Horan et al

Docket No.: 357.002

Serial No.: 10/057,698

Filed: January 25, 2002

Examiner: Robin Octavia Evans

Group Art Unit: 3752

Title: *Spray Can Targeting And Positioning System*

AMENDMENT

Mail Stop Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

JUL 06 2004

TECHNOLOGY CENTER R3700

Dear Sir:

Responsive to the Office Action mailed March 24, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Argument begin on page 13 of this paper.

06/30/2004 AAD0F01 00000036 10057698

01 FC:2201

516.00 OP